

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Ikaika for Hawaii

ADDRESS (number and street)

P.O. Box 862

Check if different
than previously
reported. (ACC)

Honolulu

HI

96808

2. FEC IDENTIFICATION NUMBER ▼

C

C00546812

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stacey Edralin

Signature of Treasurer

Stacey Edralin

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 70

Write or Type Committee Name

Ikaika for Hawaii

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	78946.12	349527.56
(b) Total Contribution Refunds (from Line 20(d))	14200.00	14300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	64746.12	335227.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	78528.69	200402.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	78528.69	200402.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	134825.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	18821.99	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 70

Write or Type Committee Name

Ikaika for Hawaii

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

66192.12

328974.52

(ii) Unitemized.....

5504.00

9853.04

(iii) TOTAL of contributions from individuals ▶

71696.12

338827.56

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

7250.00

10700.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

78946.12

349527.56

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.42

0.42

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

78946.54

349527.98

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 70

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78528.69	200402.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	14200.00	14300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	14200.00	14300.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	92728.69	214702.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	148607.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78946.54
25. SUBTOTAL (add Line 23 and Line 24).....	227554.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92728.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134825.49

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial) Paul M Adachi		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		06		2014
M M	/	D D	/	Y Y Y Y									
03		06		2014									
Mailing Address 45-171 Ikenakai St		Transaction ID : VN8QVCC6S42											
City Kaneohe	State HI	Zip Code 96744-5332	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1500.00</td> </tr> </table>					1500.00					
				1500.00									
FEC ID number of contributing federal political committee. C													
Name of Employer Paul's Electrical	Occupation Electrician												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>1500.00</td> </tr> </table>							1500.00					
				1500.00									
B. Full Name (Last, First, Middle Initial) Lee Amodo		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		11		2014
M M	/	D D	/	Y Y Y Y									
03		11		2014									
Mailing Address 94-1114 Limahana St		Transaction ID : VN8QVCFVJV9											
City Waipahu	State HI	Zip Code 96797-3739	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>195.00</td> </tr> </table>					195.00					
				195.00									
FEC ID number of contributing federal political committee. C													
Name of Employer DR Horton	Occupation Director of Community Relations												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>1213.47</td> </tr> </table>							1213.47					
				1213.47									
		* In-Kind: Graphic Design											
C. Full Name (Last, First, Middle Initial) Hannie Anderson		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		25		2014
M M	/	D D	/	Y Y Y Y									
02		25		2014									
Mailing Address 41-038 Hinalea St		Transaction ID : VN8QVCA8HN2											
City Waimanalo	State HI	Zip Code 96795-1610	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2000.00</td> </tr> </table>					2000.00					
				2000.00									
FEC ID number of contributing federal political committee. C													
Name of Employer Retired	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>2000.00</td> </tr> </table>							2000.00					
				2000.00									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>3695.00</td> </tr> </table>						3695.00					
				3695.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Jeffrey G. Arce**A.**

Mailing Address 1062 Iiwi St

City

Honolulu

State

HI

Zip Code

96816-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer

The MacNaughton Group

Occupation

Partner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : VN8QVCE98J2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Richard T Asato**B.**Mailing Address 745 Fort Street Mall
FI 17

City

Honolulu

State

HI

Zip Code

96813-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Imanaka Asato

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2014

Transaction ID : VN8QVCC6PT8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Richard T Asato**C.**Mailing Address 745 Fort Street Mall
FI 17

City

Honolulu

State

HI

Zip Code

96813-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Imanaka Asato

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2014

Transaction ID : VN8QVCC6SV4

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

2550.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Mark D. Bratton

Mailing Address 3003 Kalakaua Ave

Apt 4B

City

Honolulu

State

HI

Zip Code

96815-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bratton Realty Advisors

Occupation

Real Estate Broker

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Transaction ID : VN8QVCJCTW3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Edward E. Case

Mailing Address 45-665 Halekou Pl

City

Kaneohe

State

HI

Zip Code

96744-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Outrigger Hotels

Occupation

Legal Counsel

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE0D84

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Calvert Chipchase

Mailing Address 2020 Kamehameha Ave

City

Honolulu

State

HI

Zip Code

96822-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cades Schutte

Occupation

Attorney

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : VN8QVCFBC57

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

1550.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Rai Saint Chu

Mailing Address 4817 Kahala Ave

City Honolulu State HI Zip Code 96816-5231

FEC ID number of contributing federal political committee. **C**

Name of Employer Turbin Chu Heidt Occupation Attorney

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 06 2014

Transaction ID : VN8QVCC6SB8

Amount of Each Receipt this Period

1200.00

B. Full Name (Last, First, Middle Initial)
Wendy Crabb

Mailing Address 5398 Papai St

City Honolulu State HI Zip Code 96821-1963

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 14 2014

Transaction ID : VN8QVCE0EN8

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Richard J Dahl

Mailing Address 60 Laiki Pl

City Kailua State HI Zip Code 96734-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer James Campbell Company LLC Occupation President & CEO

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8QVCGMMH2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Christopher W. Deuchar

A.

Mailing Address 682 Elepaio St

City

Honolulu

State

HI

Zip Code

96816-4779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2014

Transaction ID : VN8QVCC6S84

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Jeffrey C. Dinsmore

B.

Mailing Address 4742 Farmers Rd

City

Honolulu

State

HI

Zip Code

96816-5445

FEC ID number of contributing
federal political committee.

C

Name of Employer

MacNaughton Group

Occupation

Director of Development

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : VN8QVCE96K6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Christopher S. Forman

C.

Mailing Address 120 N Robertson Blvd

City

Los Angeles

State

CA

Zip Code

90048-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decurion

Occupation

President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2014

Transaction ID : VN8QVCFGAX0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Joyce F Furukawa

Mailing Address **677 Ahua St**

City **Honolulu** State **HI** Zip Code **96819-2002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Royal Contracting** Occupation **Executive**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2014

Transaction ID : VN8QVCC6T77

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
James L. Grobe

Mailing Address **46-394 Haiku Plantations Dr**

City **Kaneohe** State **HI** Zip Code **96744-4206**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Physician**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **1197.12**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2014

Transaction ID : VN8QVCJHV69

Amount of Each Receipt this Period

1197.12

* In-Kind: Catering

C. Full Name (Last, First, Middle Initial)
Jonathan Grobe

Mailing Address **4391 Kahala Ave**

City **Honolulu** State **HI** Zip Code **96816-4854**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Michel's** Occupation **Project Manager**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2014

Transaction ID : VN8QVCFB9C6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3197.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

James Grosfeld

Mailing Address 420 Martell Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Investor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		24		2014

Transaction ID : VN8QVC9SRH5

Amount of Each Receipt this Period

2600.00

Contribution Refunded 03/04/2014

Full Name (Last, First, Middle Initial)

Jason Grosfeld

Mailing Address 10880 Wilshire Blvd
Ste 2222

City

Los Angeles

State

CA

Zip Code

90024-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irongate Capital PartnersOccupation
Real Estate Development

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		22		2014

Transaction ID : VN8QVC9NWW1

Amount of Each Receipt this Period

2600.00

Contribution Refunded 03/04/2014

Full Name (Last, First, Middle Initial)

Jenna Grosfeld

Mailing Address 10866 Wilshire Blvd
FI 10

City

Los Angeles

State

CA

Zip Code

90024-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		22		2014

Transaction ID : VN8QVC9P2A9

Amount of Each Receipt this Period

2600.00

Contribution Refunded 03/04/2014

SUBTOTAL of Receipts This Page (optional).....

7800.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Nancy Grosfeld

Mailing Address 420 Martell Dr

City Bloomfield Hills	State MI	Zip Code 48304-3452
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : VN8QVC9SR44

Amount of Each Receipt this Period

2600.00

Contribution Refunded 03/04/2014

B. Full Name (Last, First, Middle Initial)
Kendall Hee

Mailing Address PO Box 11486

City Honolulu	State HI	Zip Code 96828-0486
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Engineers Surveyors HI, Inc.	Occupation Surveyor
--	------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		17		2014

Transaction ID : VN8QVCA8H14

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Mitchell Imanaka

Mailing Address 3045 Wailani Rd

City Honolulu	State HI	Zip Code 96813-1005
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Imanaka, Kudo & Fujimoto LLC	Occupation Principal/Attorney
--	----------------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN8QVCJESQ7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Kathryn W. Inouye**A.**

Mailing Address 1288 Ala Moana Blvd

Apt 12A

City

Honolulu

State

HI

Zip Code

96814-4292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kobayashi Group, LLC

Occupation

COO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : VN8QVCE98S7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Robert Iopa**B.**

Mailing Address 3639 Woodlawn Terrace Pl

City

Honolulu

State

HI

Zip Code

96822-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCIT Architecture

Occupation

Architect

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2014

Transaction ID : VN8QVC7AVB2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Michael P Irish**C.**

Mailing Address 966 Robello Ln

City

Honolulu

State

HI

Zip Code

96817-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halms Enterprise

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : VN8QVCJESW5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Stephen E. Joseph

Mailing Address **92-7143 Elele St**
Apt 1005

City **Kapolei** State **HI** Zip Code **96707-3387**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PVT Land Co., Ltd.** Occupation **Geologist**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : VN8QVCC6QK5

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Micah Kane

Mailing Address **45-135 Moamahi Way**

City **Kaneohe** State **HI** Zip Code **96744-5329**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Pacific Links Hawaii** Occupation **COO**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : VN8QVCJESK6

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
John Katahira

Mailing Address **2643 Waolani Ave**

City **Honolulu** State **HI** Zip Code **96817-1363**

FEC ID number of contributing federal political committee. **C**

Name of Employer **The Limtiaco Consulting Group** Occupation **Engineer**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : VN8QVCAZ1G0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial) Stephen H Kelly		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 269 Kuukama St # 250		Transaction ID : VN8QVCE4Q44	
City Kailua	State HI	Zip Code 96734-2950	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aina Nui Corporation	Occupation Vice President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		
B. Full Name (Last, First, Middle Initial) Bert A. Kobayashi Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 1919 Aleo Place		Transaction ID : VN8QVCE9833	
City Honolulu	State HI	Zip Code 96822-1905	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kobayashi Group LLC	Occupation Real Estate Developer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Bert T. Kobayashi Jr.		Date of Receipt M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address 999 Bishop St Ste 2600		Transaction ID : VN8QVCE97R6	
City Honolulu	State HI	Zip Code 96813-4430	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kobayashi, Sugita, Goda	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		
SUBTOTAL of Receipts This Page (optional).....		2050.00	
TOTAL This Period (last page this line number only).....			

FOR LINE NUMBER:		PAGE 16 OF 70	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Date of Receipt

MM / DD / YYYY

03 / 14 / 2014

Amount of Each Receipt this Period

Receipts	Amount
1	100.00
2	200.00
3	300.00
4	400.00
5	500.00
6	600.00
7	700.00
8	800.00
9	900.00
10	1000.00

Date of Receipt

MM / DD / YYYY

02 / 15 / 2014

Amount of Each Receipt this Period

Receipts	Amount
1	10.00
2	20.00
3	30.00
4	40.00
5	50.00
6	60.00
7	70.00
8	80.00
9	90.00
10	100.00

Date of Receipt

MM / DD / YYYY

03 / 13 / 2014

Amount of Each Receipt this Period

Receipts	Amount
1	100.00
2	200.00
3	300.00
4	400.00
5	500.00
6	600.00
7	700.00
8	800.00
9	900.00
10	1000.00

2100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

James Kwong

A.

Mailing Address 228 Ilihu St

City

Kailua

State

HI

Zip Code

96734-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yogi Kwong Engineers, LLC

Occupation

Principal

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : VN8QVCH01A9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Abe Lee

B.

Mailing Address 2907 Loomis St

City

Honolulu

State

HI

Zip Code

96822-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abe Lee Seminars

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2014

Transaction ID : VN8QVCB1ZV5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Leonard KP Leong

C.

Mailing Address 677 Ahua St

City

Honolulu

State

HI

Zip Code

96819-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Royal Contracting Co., Ltd.

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE5ZR7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Leonard KP Leong

Mailing Address 677 Ahua St

City Honolulu State HI Zip Code 96819-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Contracting Co., Ltd. Occupation Vice President

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8QVCJESR5

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Leonard KP Leong

Mailing Address 677 Ahua St

City Honolulu State HI Zip Code 96819-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Contracting Co., Ltd. Occupation Vice President

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8QVCJM980

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Jonathan Lin

Mailing Address 173 Maono Pl

City Honolulu State HI Zip Code 96821-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Contech Engineering Occupation Civil Engineer

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 04 2014

Transaction ID : VN8QVCC6PB1

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Jonathan Lin

Mailing Address 173 Maono Pl

City

Honolulu

State

HI

Zip Code

96821-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Contech EngineeringOccupation
Civil Engineer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VN8QVCJM922

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

Brett MacNaughtonMailing Address 1288 Ala Moana Blvd
Ste 208

City

Honolulu

State

HI

Zip Code

96814-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer
The MacNaughton GroupOccupation
Development Associate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : VN8QVCJCTM9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Duncan MacNaughtonMailing Address 1288 Ala Moana Blvd
Ste 208

City

Honolulu

State

HI

Zip Code

96814-4233

FEC ID number of contributing
federal political committee.

C

Name of Employer
The MacNaughton GroupOccupation
Chairman

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : VN8QVCE88H5

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

1800.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial) Duncan MacNaughton		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		14		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		14		2014									
Mailing Address 1288 Ala Moana Blvd Ste 208		Transaction ID : VN8QVCJM948											
City Honolulu	State HI	Zip Code 96814-4233											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00											
Name of Employer The MacNaughton Group	Occupation Chairman												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00												
B. Full Name (Last, First, Middle Initial) Ian MacNaughton		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		14		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		14		2014									
Mailing Address 1288 Ala Moana Blvd Ste 208		Transaction ID : VN8QVCE9890											
City Honolulu	State HI	Zip Code 96814-4233											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00											
Name of Employer The MacNaughton Group	Occupation Partner												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1600.00												
C. Full Name (Last, First, Middle Initial) Matthew M. Matsunaga		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		11		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		11		2014									
Mailing Address 1888 Kalakaua Ave Apt 3104		Transaction ID : VN8QVCE0D27											
City Honolulu	State HI	Zip Code 96815-1535											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00											
Name of Employer Schlack Ito	Occupation Attorney												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00												
SUBTOTAL of Receipts This Page (optional).....		1700.00											
TOTAL This Period (last page this line number only).....													

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Robert McFarlane

A.

Mailing Address 745 Amana Street #500

City

Honolulu

State

HI

Zip Code

96814-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dura Construction

Occupation

President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : VN8QVCJEST1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Gail A Morris

B.

Mailing Address 45-302 Puuloko Pl

City

Kaneohe

State

HI

Zip Code

96744-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer

GA Morris Inc.

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2014

Transaction ID : VN8QVC99PF0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Makiko Nagai

C.

Mailing Address 2916 Date St
Apt 6F

City

Honolulu

State

HI

Zip Code

96816-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harry Winston

Occupation

Brand Ambassador

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : VN8QVCJCTH6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Joseph P Nicolai

Mailing Address 2999 N Nimitz Hwy

City Honolulu State HI Zip Code 96819-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer JN Group, Inc. Occupation CEO

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt

M M	D D	Y Y Y Y
02	17	2014

Transaction ID : VN8QVCA8H48

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Ann Nishioka

Mailing Address 4975 Kolohala St

City Honolulu State HI Zip Code 96816-5126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Homemaker

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 2600.00

Date of Receipt

M M	D D	Y Y Y Y
03	22	2014

Transaction ID : VN8QVCFGBB1

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
Roland Nishioka

Mailing Address 4975 Kolohala St

City Honolulu State HI Zip Code 96816-5126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 700.00

Date of Receipt

M M	D D	Y Y Y Y
03	22	2014

Transaction ID : VN8QVCJM9F5

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Wayne K Ogasawara

Mailing Address **94-350 Kaholo St**

City Mililani	State HI	Zip Code 96789-2531
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mililani Agricultural Park	Occupation Manager
---	------------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : VN8QVCE0E02

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Gary T. Okamoto

Mailing Address **3311 Alani Dr**

City Honolulu	State HI	Zip Code 96822-1406
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson Okamoto Corporation	Occupation Planning & Engineering Consultant
---	--

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8QVCJESS3

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Overton

Mailing Address **3604 Anela Pl**

City Honolulu	State HI	Zip Code 96822-1416
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Group 70 International	Occupation Land Planner
---	-----------------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : VN8QVCCD5T8

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Alana E Pakkala

Mailing Address 2210 Armstrong St

City Honolulu State HI Zip Code 96822-1928

FEC ID number of contributing federal political committee. **C**

Name of Employer Kobayashi Group LLC Occupation Executive Vice President

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt

M M	D D	Y Y Y Y
03	14	2014

Transaction ID : VN8QVCE98Q1

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Philip White Architects, LLC

Mailing Address 2051 Young St Ste 200

City Honolulu State HI Zip Code 96826-2235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M	D D	Y Y Y Y
03	11	2014

Transaction ID : VN8QVCE6018

Amount of Each Receipt this Period

500.00

LLC - Members below if itemized. Permissible funds.

C. Full Name (Last, First, Middle Initial)
Philip White

Mailing Address 2051 Young St Ste 200

City Honolulu State HI Zip Code 96826-2235

FEC ID number of contributing federal political committee. **C**

Name of Employer Philip White Architects LLC Occupation President/Architect

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M	D D	Y Y Y Y
03	11	2014

Transaction ID : VN8QVCE6050

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Kimberly Puchalski

Mailing Address 423 Aulima Loop

City Kailua	State HI	Zip Code 96734-3933
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Kamehameha Schools	Occupation Administrative Assistant
--	--

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE0DB8

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
David Rae

Mailing Address 92-4998 Limukele St

City Kapolei	State HI	Zip Code 96707-2355
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Aina Nui Corp	Occupation Real Estate
-----------------------------------	---------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VN8QVC3F0S5

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
David Rae

Mailing Address 92-4998 Limukele St

City Kapolei	State HI	Zip Code 96707-2355
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Aina Nui Corp	Occupation Real Estate
-----------------------------------	---------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2014

Transaction ID : VN8QVCGF776

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial) Linda K. Rosehill		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		06		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		06		2014									
Mailing Address 1088 Bishop St Ste 1010		Transaction ID : VN8QVCC6S76											
City Honolulu	State HI	Zip Code 96813-3118											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00											
Name of Employer Self-employed	Occupation Consultant												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00												
B. Full Name (Last, First, Middle Initial) Jerri Ross		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	02		25		2014
M M M	/	D D D	/	Y Y Y Y Y									
02		25		2014									
Mailing Address 106 Makaweli St		Transaction ID : VN8QVCA8K43											
City Honolulu	State HI	Zip Code 96825-2145											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00											
Name of Employer Self-Employed	Occupation Homemaker												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00												
C. Full Name (Last, First, Middle Initial) John R Sabas		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	02		13		2014
M M M	/	D D D	/	Y Y Y Y Y									
02		13		2014									
Mailing Address 46-048 Kuneki PI		Transaction ID : VN8QVC8CWK6											
City Kaneohe	State HI	Zip Code 96744-3564											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00											
Name of Employer Carlsmith Ball	Occupation Government Affairs												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00												
SUBTOTAL of Receipts This Page (optional).....		700.00											
TOTAL This Period (last page this line number only).....													

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

John R Sabas

A.

Mailing Address 46-048 Kuneki Pl

City

Kaneohe

State

HI

Zip Code

96744-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carlsmith Ball

Occupation

Government Affairs

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE0DW0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Norris Sandvold

B.

Mailing Address 2915 Poni Moi Rd

City

Honolulu

State

HI

Zip Code

96815-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hawaii Beach Homes

Occupation

Consultant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VN8QVCC4HH1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Paul H. Sato

C.

Mailing Address 841 Bishop St
Ste 400

City

Honolulu

State

HI

Zip Code

96813-3921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moriwara Lau & Fong LLP

Occupation

Attorney

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2014

Transaction ID : VN8QVC99PA1

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

1800.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Harry A. Saunders III

Mailing Address 173 Kakahiaka St

City
KailuaState
HIZip Code
96734-3474FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle & Cooke HawaiiOccupation
President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : VN8QVCFTWT4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Eugene R. SavioMailing Address 800 Bethel St
Ste 200City
HonoluluState
HIZip Code
96813-4338FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE0EB9

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

William D SchoettleMailing Address 66-165 Kamehameha Hwy
Ste 2405City
HaleiwaState
HIZip Code
96712-1412FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard Enterprises, LLCOccupation
Entrepreneur

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2014

Transaction ID : VN8QVC7N1A6

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Vincent R. Shigekuni

Mailing Address 3138 Waiālae Ave
 Apt 1009

City Honolulu State HI Zip Code 96816-1544

FEC ID number of contributing federal political committee. **C**

Name of Employer PBR Hawaii & Associates, Inc. Occupation Planner

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2014

Transaction ID : VN8QVC99P69

Amount of Each Receipt this Period

100.00

Contribution Refunded 04/2014

B. Full Name (Last, First, Middle Initial)
Vincent R. Shigekuni

Mailing Address 3138 Waiālae Ave
 Apt 1009

City Honolulu State HI Zip Code 96816-1544

FEC ID number of contributing federal political committee. **C**

Name of Employer PBR Hawaii & Associates, Inc. Occupation Planner

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE5ZJ2

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
Albert Shigemura

Mailing Address 83 Lunalilo Home Rd

City Honolulu State HI Zip Code 96825-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer PVT Land Co., Ltd. Occupation President

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : VN8QVCC6QD8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

James A. Slavish

A.

Mailing Address 1001 Paako St

City

Kailua

State

HI

Zip Code

96734-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jack Wolfe Insurance

Occupation

Insurance Sales

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : VN8QVCA8K91

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

James A. Slavish

B.

Mailing Address 1001 Paako St

City

Kailua

State

HI

Zip Code

96734-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jack Wolfe Insurance

Occupation

Insurance Sales

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE8379

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

James R. Steinwascher

C.

Mailing Address 306 Kuukama St

City

Kailua

State

HI

Zip Code

96734-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alexander & Baldwin - Kailua

Occupation

Vice President

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		29		2014

Transaction ID : VN8QVCJCVC7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial) Dwight Synan		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 2089 10th Ave # A		Transaction ID : VN8QVC8M540	
City Honolulu	State HI	Zip Code 96816-2929	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Self	Occupation Project Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
B. Full Name (Last, First, Middle Initial) Eric S. Takamura		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 1200 Queen Emma St Apt 3211		Transaction ID : VN8QVCE0CS6	
City Honolulu	State HI	Zip Code 96813-6319	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		
C. Full Name (Last, First, Middle Initial) David K. Tanoue		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 600 Queen St Apt 2906		Transaction ID : VN8QVCCD578	
City Honolulu	State HI	Zip Code 96813-5170	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer R.M. Towill Corporation	Occupation Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00		
SUBTOTAL of Receipts This Page (optional).....		2050.00	
TOTAL This Period (last page this line number only).....			

FOR LINE NUMBER:
(check only one)

 11a
  11b
  11c
  11d
  15

NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Eric Tema

City	State	Zip Code
Honolulu	HI	96814-4233

C

Occupation
Partner

Election Cycle-to-Date

Month	Value
1	100
2	200
3	300
4	400
5	500
6	600
7	700
8	800
9	900
10	1000
11	1100
12	1500

MM / DD / YYYY

Transaction ID : VN8QVCJCTR1

1000.00

Full Name (Last, First, Middle Initial)
Laura L. Thompson

Mailing Address 440 Puamamane St
Apt A

City	State	Zip Code
Honolulu	HI	96821-2151

FEC ID number of contributing federal political committee.

C

Name of Employer
Retired


Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date



950.00

Date of Receipt

MM / DD / YYYY

Transaction ID : VN8QVC99P51

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)
Bran-Dee Torres

Mailing Address 91-1203 Kamaaha Ave
Apt 1204

Apt 1204		
City	State	Zip Code
Kapolei	HI	96707-4934

FEC ID number of contributing federal political committee.

C

Name of Employer
Ke Ali'i Pauahi Foundation


Occupation
Development

Receipt For: 2014

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date



250.00

Date of Receipt

MM / DD / YYYY

Transaction ID : VN8QVCCCDM1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only)

1450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Wade H. Wakayama

Mailing Address 827 Papalalo Pl

City Honolulu State HI Zip Code 96825-2963

FEC ID number of contributing federal political committee. **C**

Name of Employer Ameron Hawaii Occupation President

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 06 2014

Transaction ID : VN8QVCC6SM9

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
George N. West

Mailing Address 3207 Catherine St

City Honolulu State HI Zip Code 96815-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 11 2014

Transaction ID : VN8QVCE0E77

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
John P. Whalen

Mailing Address 224A Huali St

City Honolulu State HI Zip Code 96813-1858

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed/semi-retired Occupation Urban Planner

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt

M M / D D / Y Y Y Y
02 26 2014

Transaction ID : VN8QVCA96K8

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Thomas S. Witten

Mailing Address 2277 Halakau St

City Honolulu	State HI	Zip Code 96821-2633
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PBR Hawaii & Associates, Inc.	Occupation President
---	-------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : VN8QVCJESN2

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Adam C. Wong

Mailing Address 1068 Makaiwa St

City Honolulu	State HI	Zip Code 96816-5449
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Investor
-----------------------------------	------------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : VN8QVCE5ZW9

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Michael Wood

Mailing Address 66 Queen St
 Apt 3101

City Honolulu	State HI	Zip Code 96813-4419
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MW Commercial Realty, Inc.	Occupation Owner
--	---------------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2014

Transaction ID : VN8QVBWG249

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

Ben Yamamoto

Mailing Address 485 Puuikena Dr

City

Honolulu

State

HI

Zip Code

96821-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
PVT LandOccupation
Landfill Operator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2014

Transaction ID : VN8QVCC6QA4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

66192.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 70

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)
 CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

A.

Mailing Address 101 Constitution Ave NW
 FI 10

City	State	Zip Code
Washington	DC	20001-2153

FEC ID number of contributing
federal political committee.

C C00001016

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Transaction ID : VN8QVCC6R81

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
 CONSUMER FIREWORKS SAFETY ASSOCIATION POLITICAL ACTION COMMITTEE FEDERAL ACCOUNT

Mailing Address 16526 Shore Dr NE

City	State	Zip Code
Lake Forest Park	WA	98155-5631

FEC ID number of contributing
federal political committee.

C C00297077

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : VN8QVCE0CQ0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
HDR, INC. POLITICAL ACTION COMMITTEE (HDR PAC)

Mailing Address 8404 Indian Hills Dr

City	State	Zip Code
Omaha	NE	68114-4049

FEC ID number of contributing
federal political committee.

C C00103903

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Transaction ID : VN8QVBXN8Z6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 70

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial)
Plasterers' And Cement Masons' Action Committee

Mailing Address 11720 Beltsville Dr
Ste 700

City State Zip Code
Beltsville MD 20705-3104

FEC ID number of contributing federal political committee. **C** C00134742

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8QVCJESG2

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
SUPPORTERS OF ENGINEERS LOCAL 3 ENDORSED CANDIDATES

Mailing Address 1620 S Loop Rd

City State Zip Code
Alameda CA 94502-7085

FEC ID number of contributing federal political committee. **C** C00024422

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : VN8QVCJESY1

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

7250.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 70

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Aiea Copy Center

Mailing Address 99-115 Aiea Heights Dr
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 08 / 2014

Amount of Each Disbursement this Period

31.41

Transaction ID : VN7RK9R1WP2

B. Aiea Copy Center

Mailing Address 99-115 Aiea Heights Dr
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 28 / 2014

Amount of Each Disbursement this Period

92.40

Transaction ID : VN7RK9R1WR8

c. Aiea Copy Center

Mailing Address 99-115 Aiea Heights Dr
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 04 / 2014

Amount of Each Disbursement this Period

74.34

Transaction ID : VN7RK9R2573

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

123.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Aiea Copy CenterMailing Address 99-115 Aiea Heights Dr
Ste 208

City Aiea State HI Zip Code 96701-3974

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	31	2014

Amount of Each Disbursement this Period

167.52

Transaction ID : VN7RK9RWR52

B. Lee Amodo

Mailing Address 94-1114 Limahana St

City Waipahu State HI Zip Code 96797-3739

Purpose of Disbursement
Graphic Design

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	11	2014

Amount of Each Disbursement this Period

195.00

Transaction ID : VN8QVCFVJV9I

* In-Kind Received

C. Cord Anderson

Mailing Address 4391 Kahala Ave

City Honolulu State HI Zip Code 96816-4854

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	24	2014

Amount of Each Disbursement this Period

523.64

Transaction ID : VN7RK9RRAN8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

886.16

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Costco WholesaleMailing Address 333 Keahole St
Bldg A

City Honolulu State HI Zip Code 96825-3428

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

367.66

Transaction ID : VN7RK9RRAP6

[MEMO ITEM]

*

B. Ikaika Anderson

Mailing Address 41-038 Hinalea St

City Waimanalo State HI Zip Code 96795-1610

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

50.45

Transaction ID : VN7RK9Q87A8

c. Ikaika Anderson

Mailing Address 41-038 Hinalea St

City Waimanalo State HI Zip Code 96795-1610

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2014

Amount of Each Disbursement this Period

16.70

Transaction ID : VN7RK9Q86K6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

67.15

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 70

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Ikaika Anderson

Mailing Address 41-038 Hinalea St

City State Zip Code
Waimanalo HI 96795-1610

Purpose of Disbursement
Lei

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 23 / 2014

Amount of Each Disbursement this Period

10.45

Transaction ID : VN7RK9Q86N2

B. Arrow Mailing Service

Mailing Address PO Box 30406

City State Zip Code
Honolulu HI 96820-0406

Purpose of Disbursement
Mailing/Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period

491.23

Transaction ID : VN7RK9R2599

c. Arrow Mailing Service

Mailing Address PO Box 30406

City State Zip Code
Honolulu HI 96820-0406

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

3031.41

Transaction ID : VN7RK9RN4M4

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3533.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Field Coordinator

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	10	2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : VN7RK9Q8790

B. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Field Coordinator

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2014

Amount of Each Disbursement this Period

875.00

Transaction ID : VN7RK9R2581

C. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Field Coordinator

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	15	2014

Amount of Each Disbursement this Period

937.50

Transaction ID : VN7RK9R25H2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2812.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Field Coordinator

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2014

Amount of Each Disbursement this Period

937.50

Transaction ID : VN7RK9R5R35

B. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Hardware Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2014

Amount of Each Disbursement this Period

144.64

Transaction ID : VN7RK9RNPD6

c. Home Depot

Mailing Address 421 Alakawa St

City Honolulu State HI Zip Code 96817-5763

Purpose of Disbursement
Hardware Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2014

Amount of Each Disbursement this Period

144.64

Transaction ID : VN7RK9RNPE4

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1082.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Field Coordinator

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	15	2014

Amount of Each Disbursement this Period

937.50

Transaction ID : VN7RK9RN4N2

B. Terri AweauMailing Address 950 Kamehameha Hwy
Unit 2092

City Pearl City State HI Zip Code 96782-5087

Purpose of Disbursement
Field Coordinator

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	31	2014

Amount of Each Disbursement this Period

937.50

Transaction ID : VN7RK9RWR44

c. BatchGeo LLCMailing Address 93 S Jackson St
15478

City Seattle State WA Zip Code 98104-2818

Purpose of Disbursement
Mapping Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	03	2014

Amount of Each Disbursement this Period

99.00

Transaction ID : VN7RK9Q86J8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1974.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Bernice Pauahi Bishop Musuem

Mailing Address 1525 Bernice St

City Honolulu State HI Zip Code 96817-2704

Purpose of Disbursement
Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 20 / 2014

Amount of Each Disbursement this Period

300.00

Transaction ID : VN7RK9R2R74

B. Bernice Pauahi Bishop Musuem

Mailing Address 1525 Bernice St

City Honolulu State HI Zip Code 96817-2704

Purpose of Disbursement
Room Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 05 / 2014

Amount of Each Disbursement this Period

1008.90

Transaction ID : VN7RK9RE0E3

C. Bernice Pauahi Bishop Musuem

Mailing Address 1525 Bernice St

City Honolulu State HI Zip Code 96817-2704

Purpose of Disbursement
Rentals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

314.14

Transaction ID : VN7RK9RN4K6

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1623.04

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Whitney W Burns

Mailing Address PO Box 1174

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
Springfield	VA	22151-0174

Amount of Each Disbursement this Period

2250.00

Purpose of Disbursement
Financial Compliance ConsultingCategory/
Type

Transaction ID : VN7RK9R4D69

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

B. Custom Bookkeeping Solutions

Mailing Address 41-1427 Kuhimana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2014

City	State	Zip Code
Waimanalo	HI	96795-1242

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement
Accounting ServicesCategory/
Type

Transaction ID : VN7RK9R1WQ0

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

C. Custom Bookkeeping Solutions

Mailing Address 41-1427 Kuhimana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2014

City	State	Zip Code
Waimanalo	HI	96795-1242

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement
Accounting ServicesCategory/
Type

Transaction ID : VN7RK9R25A7

Candidate Name

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Custom Bookkeeping Solutions

Mailing Address 41-1427 Kuhimana St

City	State	Zip Code
Waimanalo	HI	96795-1242

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 15 / 2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : VN7RK9RN4Q8

B. David Kanaya Design

Mailing Address 1542 Ahuawa Loop

City	State	Zip Code
Honolulu	HI	96816-5604

Purpose of Disbursement
Art Design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 25 / 2014

Amount of Each Disbursement this Period

494.24

Transaction ID : VN7RK9Q8709

c. E Noa Corporation

Mailing Address PO Box 235873

City	State	Zip Code
Honolulu	HI	96823-3515

Purpose of Disbursement
Trolley rental for parade

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 28 / 2014

Amount of Each Disbursement this Period

577.50

Transaction ID : VN7RK9R1WT4

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5571.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Facebook, Inc.

Mailing Address 1601 Willow Rd

City	State	Zip Code
Menlo Park	CA	94025-1452

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

1364.56

Transaction ID : VN7RK9R25J0

B. Facebook, Inc.

Mailing Address 1601 Willow Rd

City	State	Zip Code
Menlo Park	CA	94025-1452

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

1480.70

Transaction ID : VN7RK9RDZQ2

C. Francisco FigueiredoMailing Address 1615 Wilder Ave
Apt 402

City	State	Zip Code
Honolulu	HI	96822-4632

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

30.31

Transaction ID : VN7RK9R2523

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2875.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Francisco FigueiredoMailing Address 1615 Wilder Ave
Apt 402

City Honolulu State HI Zip Code 96822-4632

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2014

Amount of Each Disbursement this Period

98.00

Transaction ID : VN7RK9RNPF2

B. United States Postal ServiceMailing Address Honolulu Downtown Station
335 Merchant St

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2014

Amount of Each Disbursement this Period

98.00

Transaction ID : VN7RK9RNPG0

[MEMO ITEM]

*

C. First Data

Mailing Address PO Box 407066

City Fort Lauderdale State FL Zip Code 33340-7066

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	03	2014

Amount of Each Disbursement this Period

21.85

Transaction ID : VN7RK9Q8766

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

119.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

14.80

Purpose of Disbursement
Merchant FeesCategory/
Type

Transaction ID : VN7RK9Q8774

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

15.01

Purpose of Disbursement
Merchant FeesCategory/
Type

Transaction ID : VN7RK9Q8782

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

22.95

Purpose of Disbursement
Merchant FeesCategory/
Type

Transaction ID : VN7RK9R24W6

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

52.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

51.38

Purpose of Disbursement
Merchant FeesCategory/
Type

Transaction ID : VN7RK9R24Y2

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

12.04

Purpose of Disbursement
Merchant FeesCategory/
Type

Transaction ID : VN7RK9R24Z0

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address PO Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Amount of Each Disbursement this Period

162.18

Purpose of Disbursement
Merchant FeesCategory/
Type

Transaction ID : VN7RK9RDEV7

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

225.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address PO Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

171.06

Transaction ID : VN7RK9RDEW5

B. First Data

Mailing Address PO Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340-7066

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

25.55

Transaction ID : VN7RK9RDEX2

c. James L. Grobe

Mailing Address 46-394 Haiku Plantations Dr

City	State	Zip Code
Kaneohe	HI	96744-4206

Purpose of Disbursement
Catering

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2014

Amount of Each Disbursement this Period

1197.12

Transaction ID : VN8QVCJHV69I

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1393.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Guide.net

Mailing Address PO Box 160905

City	State	Zip Code
Honolulu	HI	96816-0921

Purpose of Disbursement
Voter List

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

156.02

Transaction ID : VN7RK9R1WS6

B. Guide.net

Mailing Address PO Box 160905

City	State	Zip Code
Honolulu	HI	96816-0921

Purpose of Disbursement
Voter List

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

156.02

Transaction ID : VN7RK9RDZR0

C. Guide.net

Mailing Address PO Box 160905

City	State	Zip Code
Honolulu	HI	96816-0921

Purpose of Disbursement
Voter List

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

156.02

Transaction ID : VN7RK9RWR28

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

468.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Hagadone

Mailing Address PO Box 30041

City	State	Zip Code
Honolulu	HI	96820-0041

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2014

Amount of Each Disbursement this Period

748.69

Transaction ID : VN7RK9R2K66

B. Barbara M Harris

Mailing Address 41-209 Ilauhole St

City	State	Zip Code
Waimanalo	HI	96795

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

145.42

Transaction ID : VN7RK9Q86Y3

C. AT&T Mobility

Mailing Address PO Box 537104

City	State	Zip Code
Atlanta	GA	30353-7104

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

145.42

Transaction ID : VN7RK9Q86Z1

[MEMO ITEM]

*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

894.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Barbara M Harris

Mailing Address 41-209 Ilauihole St

City	State	Zip Code
Waimanalo	HI	96795

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

129.53

Transaction ID : VN7RK9RD3Y8

B. AT&T Mobility

Mailing Address PO Box 537104

City	State	Zip Code
Atlanta	GA	30353-7104

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

129.53

Transaction ID : VN7RK9RD3Z5

[MEMO ITEM]

*

c. Home Depot

Mailing Address 421 Alakawa St

City	State	Zip Code
Honolulu	HI	96817-5763

Purpose of Disbursement
Hardware Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

75.02

Transaction ID : VN7RK9RN4G3

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

204.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Imperial Investment Inc.

Mailing Address 91-919 Fort Weaver Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

City	State	Zip Code
Ewa Beach	HI	96706-2257

Amount of Each Disbursement this Period

2513.00

Purpose of Disbursement
CateringCategory/
Type

Transaction ID : VN7RK9RN4H0

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. JCS Enterprises, Inc.

Mailing Address 99-061 Koaha Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

City	State	Zip Code
Aiea	HI	96701-5626

Amount of Each Disbursement this Period

486.06

Purpose of Disbursement
PrintingCategory/
Type

Transaction ID : VN7RK9R25D0

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Janyne S R Kaai

Mailing Address 91-1064 Pakaweli St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
Kapolei	HI	96707-3217

Amount of Each Disbursement this Period

1926.70

Purpose of Disbursement
Accounting ServicesCategory/
Type

Transaction ID : VN7RK9Q87E9

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4925.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Janyne S R Kaai

Mailing Address 91-1064 Pakaweli St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

9.20

Transaction ID : VN7RK9Q87F7

B. United States Postal ServiceMailing Address Honolulu Downtown Station
335 Merchant St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

9.20

Transaction ID : VN7RK9Q87G5

[MEMO ITEM]

*

c. Janyne S R Kaai

Mailing Address 91-1064 Pakaweli St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
Kapolei	HI	96707-3217

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

15.68

Transaction ID : VN7RK9Q87H3

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

24.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Website Development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

2125.00

Transaction ID : VN7RK9Q86T1

B. NGP Van, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Website Development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		11		2014

Amount of Each Disbursement this Period

2125.00

Transaction ID : VN7RK9Q86V9

c. NGP Van, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Website Development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : VN7RK9NDPB2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4600.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Website Development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	25	2014

Amount of Each Disbursement this Period

550.00

Transaction ID : VN7RK9Q8740

B. NGP Van, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Website Development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2014

Amount of Each Disbursement this Period

1650.00

Transaction ID : VN7RK9Q86S3

c. NGP Van, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Database Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	25	2014

Amount of Each Disbursement this Period

1650.00

Transaction ID : VN7RK9R3WG0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3850.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Panya Catering Service

Mailing Address 1288 Ala Moana Blvd

City	State	Zip Code
Honolulu	HI	96814-4206

Purpose of Disbursement
Catering

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

569.11

Transaction ID : VN7RK9RN4R6

B. Phil Wood Worldwide Words

Mailing Address 1561 Halekoa Dr

City	State	Zip Code
Honolulu	HI	96821-1124

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

3141.36

Transaction ID : VN7RK9Q86R5

C. Phil Wood Worldwide Words

Mailing Address 1561 Halekoa Dr

City	State	Zip Code
Honolulu	HI	96821-1124

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

3141.36

Transaction ID : VN7RK9R3WJ6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6851.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Pono Media, LLCMailing Address 98-1277 Kaahumanu St
106-129

City Aiea State HI Zip Code 96701-5314

Purpose of Disbursement
Social Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	22	2014

Amount of Each Disbursement this Period

105.26

Transaction ID : VN7RK9Q86Q7

B. Pono Media, LLCMailing Address 98-1277 Kaahumanu St
106-129

City Aiea State HI Zip Code 96701-5314

Purpose of Disbursement
Social Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2014

Amount of Each Disbursement this Period

4610.91

Transaction ID : VN7RK9R2515

C. Pono Media, LLCMailing Address 98-1277 Kaahumanu St
106-129

City Aiea State HI Zip Code 96701-5314

Purpose of Disbursement
Social Media Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	02	2014

Amount of Each Disbursement this Period

4702.50

Transaction ID : VN7RK9RD3X0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9418.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Qmark ResearchMailing Address 1003 Bishop St
Fl 9

City Honolulu State HI Zip Code 96813-6400

Purpose of Disbursement
Research

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

4607.33

Transaction ID : VN7RK9RRB12

B. Fetia SolomonMailing Address 370 Elelupe Rd
Apt D

City Honolulu State HI Zip Code 96821-2284

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2014

Amount of Each Disbursement this Period

60.00

Transaction ID : VN7RK9N9B18

c. Fetia SolomonMailing Address 370 Elelupe Rd
Apt D

City Honolulu State HI Zip Code 96821-2284

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

160.20

Transaction ID : VN7RK9RNPJ6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4827.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Sunset International LLC

Mailing Address PO Box 911270

City	State	Zip Code
Waialua	HI	96791-1241

Purpose of Disbursement
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
03 / 09 / 2014

Amount of Each Disbursement this Period

4868.05

Transaction ID : VN7RK9RFB20

B. The Blue Wave GroupMailing Address 1050 Bishop St
163

City	State	Zip Code
Honolulu	HI	96813-4210

Purpose of Disbursement
General Consultant

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : VN7RK9RDZS7

c. The Box Jelly

Mailing Address PO Box 235993

City	State	Zip Code
Honolulu	HI	96823-3519

Purpose of Disbursement
Office Space

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
01 / 03 / 2014

Amount of Each Disbursement this Period

314.14

Transaction ID : VN7RK9Q86H0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9182.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. TicketPrinting.comMailing Address PO Box 6934
22 South Central Avenue

City Harlowton State MT Zip Code 59036-6934

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	08	2014

Amount of Each Disbursement this Period

331.16

Transaction ID : VN7RK9Q86X5

B. TicketPrinting.comMailing Address PO Box 6934
22 South Central Avenue

City Harlowton State MT Zip Code 59036-6934

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	27	2014

Amount of Each Disbursement this Period

106.93

Transaction ID : VN7RK9Q86W7

C. United States Postal ServiceMailing Address Honolulu Downtown Station
335 Merchant St

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	14	2014

Amount of Each Disbursement this Period

39.20

Transaction ID : VN7RK9R25F6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

331.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Brooke Wilson

Mailing Address 1273 Aupupu Pl

City	State	Zip Code
Kailua	HI	96734-4158

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

41.62

Transaction ID : VN7RK9Q87C3

B. Chun Wah Kam Noodle Factory

Mailing Address 537 Pensacola St

City	State	Zip Code
Honolulu	HI	96814-4310

Purpose of Disbursement
Food & Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

41.62

Transaction ID : VN7RK9Q87D1

[MEMO ITEM]

*

C. Brooke Wilson

Mailing Address 1273 Aupupu Pl

City	State	Zip Code
Kailua	HI	96734-4158

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2014

Amount of Each Disbursement this Period

20.24

Transaction ID : VN7RK9R25B4

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

61.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 70

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

A. James Grosfeld Full Name (Last, First, Middle Initial) Mailing Address 420 Martell Dr City Bloomfield Hills State MI Zip Code 48304-3452 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7RK9RDDX2
B. Jason Grosfeld Full Name (Last, First, Middle Initial) Mailing Address 10880 Wilshire Blvd Ste 2222 City Los Angeles State CA Zip Code 90024-4123 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7RK9RDDP6
C. Jenna Grosfeld Full Name (Last, First, Middle Initial) Mailing Address 10866 Wilshire Blvd Fl 10 City Los Angeles State CA Zip Code 90024-4350 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7RK9RDDS0
SUBTOTAL of Disbursements This Page (optional).....			7800.00
TOTAL This Period (last page this line number only).....			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 70

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ikaika for Hawaii

Full Name (Last, First, Middle Initial) A. Nancy Grosfeld		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 420 Martell Dr		Amount of Each Disbursement this Period 2600.00	
City Bloomfield Hills	State MI	Zip Code 48304-3452	Transaction ID : VN7RK9RDDZ7
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
Full Name (Last, First, Middle Initial) B. Chan Ok Mitsunaga		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 747 Amana St Ste 216		Amount of Each Disbursement this Period 900.00	
City Honolulu	State HI	Zip Code 96814-5116	Transaction ID : VN7RK9RRAY9
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
Full Name (Last, First, Middle Initial) c. Dennis K Mitsunaga		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 747 Amana St Ste 216		Amount of Each Disbursement this Period 900.00	
City Honolulu	State HI	Zip Code 96814-5116	Transaction ID : VN7RK9RRAZ7
Purpose of Disbursement Contribution Refund		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
SUBTOTAL of Disbursements This Page (optional).....		4400.00	
TOTAL This Period (last page this line number only).....			

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 70

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

Full Name (Last, First, Middle Initial)

A. Whitney Inc.

Mailing Address 41-038 Hinalea St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

City	State	Zip Code
Waimanalo	HI	96795-1610

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution RefundCategory/
Type

Transaction ID : VN7RK9R1MV4

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

14200.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 70 OF 70

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Ikaika for Hawaii

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

E Noa Corporation

Nature of Debt (Purpose):

Trolley rental for Parade

Mailing Address PO Box 235873

City State

Zip Code

Honolulu

HI

96823-3515

Outstanding Balance Beginning This Period

577.50

Transaction ID : VN5T39H84M7

Amount Incurred This Period

0.00

Payment This Period

577.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Phil Wood Worldwide Words

Nature of Debt (Purpose):

Communications Consulting

Mailing Address 1561 Halekoa Dr

City State

Zip Code

Honolulu

HI

96821-1124

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5T39H9AE1

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Qmark Research

Nature of Debt (Purpose):

Research

Mailing Address 1003 Bishop St
Fl 9

City

State

Zip Code

Honolulu

HI

96813-6400

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5T39H99C2

Amount Incurred This Period

13821.99

Payment This Period

0.00

Outstanding Balance at Close of This Period

13821.99

1) **SUBTOTALS** This Period This Page (optional) ▶

18821.99

2) **TOTALS** This Period (last page this line number only) ▶

18821.99

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18821.99